



Cote d'Ivoire: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

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Practice:

The form of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Cote d'Ivoire is Type II (commonly referred to as excision). The practice is prevalent among Muslim women and is also deeply rooted in traditional Animist initiation rites in western, central and northern Cote d'Ivoire. It crosses ethnic and socioeconomic lines. Some believe the practice seldom occurred among the original population but was imported by immigrants from neighboring countries.

Incidence:

According to a 1999 Demographic and Health Survey of 3,040 women nationally, 44.5 percent of the women of Cote d'Ivoire have undergone Type II.

Informing the public about the harmful effects of this practice, imposing legal sanctions on those that perform it or let their children be excised and other factors, however, are slowly attenuating the practice. It is found particularly among the rural populations in the north, center and west of Cote d'Ivoire.

Generally speaking, this practice occurs among two often overlapping groups: Muslim women and women undergoing Animist initiation rites. Muslim groups include the northern Mande (Malinke, Foulah, Bambara, Dioula) and some members of the Voltaic groups (Senufo, Tagwana, Djimini, Lobi, Birifor, Koulango) of the north. The southern Mande of the west (Dan, Yacouba, Toura, Gouro), many of whom are not Muslim, the We from the Krou group and Baoule in some villages surrounding the central city of Bouake also practice FGM/FGC. Some Muslim leaders condemn it as not taught by the Quran.

Attitudes and Beliefs:

This practice is now deeply rooted in regional traditions. Initiation rites featuring this procedure are common in many villages. The tradition is part of a young girl's dream of womanhood and social integration, her mother's desire to host an elaborate party and celebration and the family's way of supporting social convention.

The practice on village women is strongly linked to the survival of local secret societies and mask-cults at the heart of village spiritual life. The clitoris is thought to possess power and its removal during initiation gives that power to the village spirits and traditional spiritual leaders or masks, without which the spirits/masks and the entire village would die. Attempts to eradicate the practice, or even to transform it from a physical to a symbolic act, are perceived as threatening to "assassinate the people" of the village.

Reporting on a seminar it held on tradition, the Ivoirian Association for the Defense of Women's Rights (AIDF), the most active Ivoirian non-governmental organization (NGO) in the fight against violence against women and FGM/FGC, said: "Tradition is the foundation of society. Questions of tradition remain taboo because the desire to explain the irrational would lead to the incrimination of certain traditions and, consequently, of an entire social system in which woman and child occupy a place of little worth."

Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

Persons who perform this procedure are usually older women who thus make their living. The procedure is generally done without the aid of anesthesia and outside modern medical facilities. The excisor uses a knife or razor blade. She often brings along accouterments of her calling - a long strand of metal bells and sacks filled with bottle caps. These are used by other women present during the ceremony who shake the noisemakers covering the cries of pain. The excisor often sings traditional songs. It is not unknown for the excisor to cut several girls at a single ceremony presenting obvious health risks.

FGM/FGC carried out in childhood in the village usually takes place between four and seven years of age. If the girl goes away to school, the procedure may be performed later when she returns home for vacation. Such girls have been known to ask for it

between the ages of 15 and 20. Occasionally, it is performed on babies.

Figures on the number of woman who undergo this procedure later in life or under duress are unknown. Pressure is most common in cases where an unexcised woman is preparing to marry a man whose family demands that she be excised, as a girl who has not been excised is regarded as dirty. In such cases, it is generally the mother-in-law or grandmother-in-law who pressures the woman into undergoing it. However, the husband may also demand it as an excised woman is thought to like sex less and be more faithful to her husband. If a woman refuses to submit to the wishes of her in-laws, she challenges the power structure of the entire extended family. This can become grounds for interrupting or canceling a marriage.

Due to the 1998 legislation and publicity, residents of Cote d'Ivoire are gradually beginning to recognize the dangers of the practice. These include bleeding immediately following the procedure; infection following the procedure or later in life; increased vulnerability to sexually transmitted diseases and the re-opening of the scars with every childbirth. In August 1998, a young girl died in Seguela from complications after undergoing this procedure. In May 2000, a young Burkinabe girl died from blood loss after undergoing the procedure in Abidjan's Abobo district.

Outreach Activities:

AIDF works with local women's committees, religious leaders and the government to raise awareness of the health issues related to the practice. It holds seminars that include both women who perform the procedure and anti-FGM/FGC activists, as well as seminars to educate national and local political and administrative authorities, traditional chiefs and police officers and gendarmes on the negative consequences of this practice.

A June 1996 AIDF seminar, which was financed by the U.S. Embassy, exposed the importance of this practice as a moneymaking activity for village excisors and a source of prestige for village excisors. At the end of the seminar, the participants adopted the idea of creating a National Committee to fight this practice. On September 30, 1996, the Ministry of Women's Affairs and Family officially inaugurated this Committee and named the Minister of Women's Affairs and Family as its chairperson. It is run by a former excisor who performed FGM/FGC for 40 years in the western region of Bangolo. She decided to abandon the practice following the various campaigns against it. The Committee includes Muslim Imams, the President of the Association for the Well-Being of Women and some women leaders.

In June and July 1997, with the financial assistance of the U.S. Embassy, AIDF visited several towns and villages in western and northern Cote d'Ivoire to inform the populations about the impact of negative traditions, including FGM/FGC, on women's rights. November 25-27, 1997, also with the financial assistance of the U.S. Embassy, AIDF held another seminar in Bouake. The seminar targeted numerous civil servants, police officers and magistrates. It focused on the harmful consequences of the practice on women's health and the importance of their role in the fight against it.

The government and various national and international organizations such as the International Association for Development in Africa (AID-Afrique), the Association for the Promotion of the We culture, United Nations Children's Fund (UNICEF), Amnesty International and the Federation of the Red Cross also held several seminars in 1996, 1997 and 1998. On March 29, 1996, Amnesty International held a conference on the practice as a violation of women's rights.

From September 28 to October 1, 1998, the Red Cross held an international seminar in Abidjan to examine the consequences of the practice and to elaborate a plan to eradicate it. From May 28 to 30, 1998, the regional Department of Culture, Amnesty International and UNICEF organized seminars on the practice and its consequences in Guiglo and Tai in western Cote d'Ivoire. These seminars included excised women, doctors, lawyers, religious leaders and a delegation from AIDF.

AIDF also led the fight against "medicalization" of the practice. The government of Cote d'Ivoire, through the Ministry of Women's Affairs and Family and the Ministry of Public Health, treats FGM/FGC as a health issue. With the outcry against the unsanitary conditions associated with it, performance of the procedure has been moving into hospitals and dispensaries. Although the move into hospitals decreases immediate chances of infection and hemorrhage, even the procedure carried out under sanitary conditions can lead to serious health problems later in life. AIDF, the government and other national and international organizations are against medicalization of the practice, as they fear that it will only serve to legitimize it.

The Gynecological and Obstetrical Society, the National Federation of Midwives and the Association for the Well-Being of the Family have used radio and newspapers to combat this practice. They believe that these activities should be a part of safe motherhood projects. In addition, a National Committee of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) was set up in Abidjan in 1992. The IAC fights the practice through existing community structures, such as youth hostels, institutions for female education and maternity hospitals.

March 18 to 20, 1998, the Ministry of the Family and Women's Affairs organized a seminar in connection with the government's proposed bill banning FGM/FGC. The seminar included members of Parliament, various women's NGOs and institutions active in the fight against the practice. While waiting for the bill to be passed, AIDF pursued its information and education campaign and finally succeeded in getting some excisors in Bangolo to abandon the practice in September 1998. Encouraged by this first success in the west, in November 1998, AIDF focused its next action in the north, holding a series of seminars with financial assistance from the U.S. Embassy. To date, no excisor from the north has come forward to announce that she has abandoned the practice.

The process of informing Ivoirian women and society as a whole of the dangers of this practice is slow. Tradition makes it a touchy subject. As women and girls become more aware of the harmful health effects through the numerous campaigns of information and education, however, the practice is starting slowly to disappear. The fact that a greater number of Ivoirians are now living in towns, far from the elders and the traditions, is also playing an important role in the progressive eradication of this practice.

In 1998, as a result of the vigorous campaign led against FGM/FGC by the government, AIDF and a number of other NGOs and institutions, traditional and religious authorities that have generally upheld the practice, began to take part in public demonstrations against it.

Legal Status:

A December 18, 1998 law provides that harm to the integrity of the genital organ of a woman by complete or partial removal, excision, desensitization or by any other procedure will, if harmful to a women's health, be punishable by imprisonment of one to five years and a fine of 360,000 to two million francs (approximately US\$576-3,200). The penalty is five to twenty years' incarceration if the victim dies and up to five years' pr